

DEPARTMENT OF DEFENSE

Military Health System Information Management/ Information Technology



*Strategic Plan
1999 – 2003*

**Military Health System
Information Management/Information Technology
Strategic Plan**

Table of Contents

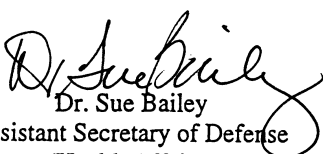
<i>Topic</i>	<i>Page</i>
I. Overview	1
II. Mission, Vision, Values, and Strategic Principles	
Mission	2
Vision	2
Values	2
Strategic Principles	2
III. Goals, Objectives, and Strategies	
Goal 1 - Joint Medical Readiness	4
Goal 2 - Benchmark Health System	5
Goal 3 - Healthy Communities	6
Goal 4 - Resources and Structure	6
Goal 5 - Training and Skills Development	8
Goal 6 - Technology Integration	9
Appendix	
A – The MHS IM/IT Planning Process Description	A-1
B – Abbreviations	B-1

I. OVERVIEW

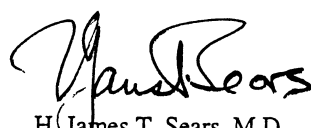
The Military Health System (MHS) is positioned to become the benchmark health care delivery system of the 21st century. Over the last decade, the MHS has faced tremendous challenges brought about by changes in national security strategies, military missions and requirements, national health care, and military medicine. In response to these challenges, the MHS developed a clear vision and strategic direction to ensure MHS success in meeting its mission responsibilities. The MHS strategic direction provides a foundation for delivering care and treatment to military members across the operational continuum while ensuring all other beneficiaries receive high quality, cost-effective, and accessible health care.

Information is a key factor in the successful delivery of quality health care. The MHS Information Management/Information Technology (IM/IT) Program will ensure the MHS has the right health information wherever and whenever needed to support its operational and peacetime mission. The MHS IM/IT Program is continually evolving as it incorporates changes brought about by reengineered health care processes and emerging technologies. As it continues to consolidate information systems, the MHS IM/IT Program will achieve its vision of providing a seamless exchange of health care information to ensure the MHS can provide the full range of health support for the nation's security.


The *MHS IM/IT Strategic Plan* serves as a foundation for IM/IT management decisions that affect the future direction of the MHS and support the 1998 *MHS Strategic Plan*. This IM/IT plan establishes a baseline for aligning the IM/IT Program priorities and processes with the mission, vision, goals, and strategies of the MHS as a component of the Department of Defense. The goals, objectives, and strategies outlined in this plan will drive the daily activities of the MHS IM/IT Program and serve as a basis for achieving intended results. This plan provides the overarching guidance to link the MHS IM/IT Program's goals, objectives, and strategies with the program's annual performance goals.




Dr. Sue Bailey
Assistant Secretary of Defense
(Health Affairs)



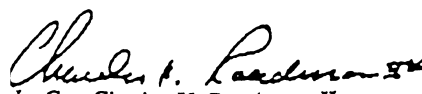
H. James T. Sears, M.D.
Executive Director
TRICARE Management Activity



LTG Ronald R. Blanck
Surgeon General
of the Army



VADM Richard A. Nelson
Surgeon General
of the Navy



Lt Gen Charles H. Roadman, II
Surgeon General
of the Air Force

II. MISSION, VISION, VALUES, AND STRATEGIC PRINCIPLES

Mission:

Provide the **right information** to the **right customers** at the **right time** to improve and maintain health status across the entire continuum of military health care operations.

Vision:

We will enable the MHS to provide health support for the nation's security by providing our customers with global and timely access to reliable and secure health information.

Values:

We exist to support the MHS in its loyal service to our nation. We believe our success is based upon our ability to understand our customers' needs, requirements, and expectations. The MHS values of *integrity, commitment, caring, and excellence* guide our actions.

Strategic Principles:

- ◆ Information management entails planning, programming, benefits estimation, funding, deployment, implementation, and benefits realization consistent with centrally developed policy.
- ◆ Information management is the responsibility of all managers throughout the MHS.
- ◆ Information management will support comparable performance measurements across all military and private sector components of the MHS.
- ◆ Information management will improve the provision of health services information so informed choices can be made by providers and beneficiaries based on best value.
- ◆ Information architecture will be maintained so computing and communications infrastructure components are interchangeable, interoperable, and transparent to the user.
- ◆ Information will be available when and where needed and protected from unintentional or unauthorized alteration, destruction, or disclosure.
- ◆ Operational efficiency will be accomplished using process improvement and reengineering to simplify and integrate common functions before investing in new or additional information technology.
- ◆ Common functions will be supported by single, integrated IM approaches consisting of uniform data sets, processes, and technical standards.
- ◆ New business and IM processes will be validated through maximum use of prototyping before system-wide deployment.

- ◆ Whenever practical, competitive bidding will be used instead of new development to obtain IM off-the-shelf products from the most cost-effective sources.
- ◆ Information technology investments will be based on the highest priority mission needs.
- ◆ Processes will be reengineered so data are entered only once, at the point of origin.
- ◆ Information management capabilities will offer consistent presentation, will be easy to use, and will be acceptable to users.
- ◆ Information management capabilities will undergo integration testing and be deployed incrementally to accelerate uniform benefits for all beneficiaries.
- ◆ Emerging IT will be tracked, evaluated, acquired, and adapted to support current and future operational needs.

III. GOALS, OBJECTIVES, AND STRATEGIES

GOAL 1 $\frac{3}{4}$ Joint Medical Readiness

Support the continuum of military operations by providing accurate health information and enabling technologies whenever and wherever needed.

Objective 1.1

Deploy an integrated capability to access, move, review, and combine health and medical resources data in support of theater operations and the continental United States (CONUS) sustaining base.

Strategies

1.1.1 Reengineer the process by which theater combatant commanders and joint task force commanders access timely and accurate health information across the continuum of military operations. (OPR: TMIP)

1.1.2 Integrate existing, developing, and future business area applications into an interoperable capability, which supports Force Health Protection within the following functional areas:

- Command and control (includes Medical Intelligence);
- Health care delivery (includes Medical Surveillance);
- Medical logistics (includes Blood Management);
- Patient movement and regulation; and
- Manpower, personnel, training, and resources.

(OPR: TMIP)

Objective 1.2

Integrate medical information management applications into the Global Combat Support System (GCSS) and the Global Command and Control System (GCCS).

Strategies

1.2.1 Provide the capability to meet Service and joint medical planners' requirements to enable vertical and horizontal information transfer and an uninterrupted operational capability by migrating to GCSS and GCCS. (OPR: TMIP)

1.2.2 Provide appropriate level of security for GCSS and GCCS operations. (OPR: TMIP)

GOAL 2 ³/₄ Benchmark Health System

Optimize the management of information across the TRICARE Management Activity and the three Service medical departments to enable the MHS to be a world-class health care delivery system.

Objective 2.1

Provide the information needed by the MHS TRICARE Program to achieve: (1) management of efficient and effective health care, and (2) informed choice through customer education.

Strategies

2.1.1 Continuously improve the process for identifying customer information needs to support the deployment of TRICARE. (OPRs: IMT&R-FI&DA; Functional Managers for CBA, CEIS, DMLSS, and HSRS)

2.1.2 Design, deploy, and sustain the Corporate Executive Information System (CEIS) worldwide to support the analysis of individual and aggregate clinical and administrative information to enable the continuous improvement of the delivery of high quality and cost-effective health care. (OPR: CEIS)

2.1.3 Design, deploy, and sustain the Health Standard Resources System (HSRS) to facilitate comprehensive resource planning, programming, execution, analysis, and management for all aspects of Defense health care delivery. (OPR: HSRS)

2.1.4 Design, deploy and sustain the Defense Medical Logistics Standard Support (DMLSS) system to provide the information required to reduce the time health care providers spend on logistics tasks and to supply materiel better, faster, and at the lowest possible cost. (OPR: DMLSS)

2.1.5 Develop, deploy and sustain Composite Health Care System (CHCS) II to provide a compendium of standards-based and integrated applications that provide the IT support for MHS clinical business functions and a computer-based patient record. (OPR: CBA)

Objective 2.2

Enable the MHS to assess and improve its overall performance and to compare its performance to other health care organizations providing similar services.

Strategy

2.2.1 Provide information capabilities to satisfy accrediting agency requirements for performance improvement and to allow benchmarking of the MHS against industry best practices. (OPRs: CBA, CEIS, and HSRS)

GOAL 3 ¾ Healthy Communities

Provide decision makers, policy makers, providers, and beneficiaries with accurate and reliable information for disease prevention, health promotion, and health maintenance.

Objective 3.1

Provide the capability to capture health information across the Service member's life cycle.

Strategy

3.1.1 Partner with Government, academic, and private sector organizations to create a Government Computer-based Patient Record that serves to improve health and health services across the health care continuum. (OPR: CBA)

Objective 3.2

Enable the MHS to aggregate clinical and administrative information and perform comparative analyses to measure health outcomes and cost.

Strategy

3.2.1 Enhance the collection, storage, sharing, and analysis of data to meet MHS requirements for health, fitness, and health service performance metrics. (OPRs: CBA and CEIS)

Objective 3.3

Develop and deploy population-based information capabilities to enable the MHS to proactively manage health risk and chronic conditions and to customize wellness and prevention programs to the needs of each beneficiary.

Strategy

3.3.1 Develop and implement a Preventive Health Care Application (PHCA) to track and manage health surveillance information. (OPR: CBA)

GOAL 4 — Resources and Structure

Establish a consolidated IM/IT Program that enables efficient and effective use of resources to maximize IT investment benefits for the MHS enterprise.

Objective 4.1

Complete implementation of a comprehensive investment management process that complies with the Government Performance and Results Act of 1993, the Information Technology Management Reform Act, and the Office of Management and Budget and DoD guidelines; reduces risk; and maximizes net benefits from IT investment.

Strategies

4.1.1 Implement overarching multi-year MHS IM/IT Strategic Plans, corresponding Annual Performance Plans, and Performance Management initiatives that effectively measure mission accomplishment and support the MHS IM/IT investment oversight and funding process. (OPR: IMT&R-P&PM)

4.1.2 Oversee a cost, benefit, and risk assessment program to determine whether alternative technology solutions (i.e., COTS, GOTS, and new development) best meet DoD requirements and add value. (OPR: IMT&R-CAM&O)

4.1.3 Design, deploy, and sustain an MHS IM/IT Performance Management tracking and reporting capability with a worldwide web application that provides leadership with visibility, early warning, and performance assessments of health care delivery (mission performance) and acquisition management (acquisition performance) at all levels of the MHS IM/IT Program. (OPR: IMT&R-P&PM)

Objective 4.2

Reengineer the MHS IM/IT Program to maximize core IM competencies, increase the use of shared services, and identify opportunities for outsourcing IT services.

Strategies

4.2.1 Establish approaches to lease IT products and outsource IT services when private-sector vendors demonstrate superior cost efficiencies, quality of service, and competencies to meet mission requirements. (OPR: IMT&R-O/ATIC)

4.2.2 Consolidate the Tri-Service IT execution activities to optimize the use of resources and to promote collaboration and cooperation across the Service medical departments. (OPR: IMT&R-CAM&O)

Objective 4.3

Develop the capability to continually assess and employ industry and Government IM/IT best practices so the MHS can respond to changing business and information needs.

Strategy

4.3.1 Accelerate improvements in the IM/IT Program by implementing a best-practice benchmarking process to evaluate and validate potential technology innovations. (OPR: IMT&R-O/ATIC)

Objective 4.4

Ensure continuous involvement and oversight by the functional community by establishing an ongoing process for identifying, prioritizing, and funding functional requirements.

Strategies

4.4.1 Implement a structured approach for making, prioritizing, and supporting funding decisions to meet customer needs and obtaining customer feedback on functional requirements. (OPR: IMT&R-FI&DA)

4.4.2 Establish and support a process to increase program management accountability for delivering capabilities to the MHS functional community. (OPR: IMT&R-CAM&O)

Objective 4.5

Provide the IM/IT support required to ensure individuals with disabilities have equal access to the information environments and opportunities in DoD.

Strategy

4.5.1 Execute the Computer/Electronic Accommodations Program (CAP) to provide hardware, software, and assistive technologies and services to make DoD work environments and activities more accessible to individuals with visual, hearing, dexterity, and cognitive impairments. (OPR: IMT&R-CAP)

GOAL 5 ³/₄ Training and Skills Development

Provide education, training, and technology to support the professional development of IM/IT personnel and to enable users to manage health information efficiently.

Objective 5.1

Develop and maintain a highly qualified group of personnel who have the knowledge and skills needed to manage and execute the MHS IM/IT Program.

Strategy

5.1.1 Leverage Service-level training and education programs to develop IM/IT personnel and to reduce duplication of IM/IT training initiatives among the Services. (OPRs: MHS CIO and Service CIOs)

Objective 5.2

Provide the IM/IT capability needed to support MHS training initiatives.

Strategy

5.2.1 Provide the technical capability to enable classroom and distance learning and distributed training to support TRICARE Management Activity (TMA) and Service medical force IM/IT training. (OPRs: IMT&R-O/ATIC and Service CIOs)

GOAL 6 ³/₄ Technology Integration

Integrate IT best practices into the MHS IM/IT Program to achieve the most effective and efficient clinical and management outcomes.

Objective 6.1

Acquire and adapt new technology, as appropriate, to enhance mission performance.

Strategies

6.1.1 Utilize the Technology Integration Board of Directors (TIBOD) to review and provide direction on the broad spectrum of issues related to the assessment and integration of medical technologies and the associated re-engineering processes required to support the health care goals of the MHS. (OPR: TSO)

6.1.2 Use the Advanced Technology Integration Center (ATIC) to identify emerging technologies and applications and to rapidly evaluate their utility, interoperability, and compatibility with the MHS common infrastructure. (OPR: IMT&R-O/ATIC)

Objective 6.2

Complete the integration of MHS software applications and information infrastructure to ensure that all required clinical and administrative information is available at the point of service and time of care.

Strategies

6.2.1 Implement the Tri-Service Infrastructure Management Program Office (TIMPO) to develop a common infrastructure ensuring that secure integrated functionality exists across the MHS. (OPR: TIMPO)

6.2.2 Oversee MHS compliance with DoD technical standards, policies, and guidance such as Year 2000, the Defense Information Infrastructure (DII) Common Operating Environment (COE). (OPR: IMT&R-TMI&S)

6.2.3 Complete migration to the four target migration systems to: 1) reduce redundant functionality, 2) achieve broader system integration, 3) allow rapid insertion of emerging technology, and 4) improve interoperability across the MHS. (OPRs: CBA, CEIS, DMLSS, HSRS, and TIMPO)

6.2.4 Implement a data architecture that is compliant with the DoD shared data environment (SHADE) and the American health industry. (OPRs: IMT&R-FI&DA and TMI&S)

Objective 6.3

Provide a secure environment that ensures health and administrative information is accurate and authentic and protects beneficiary confidentiality and privacy.

Strategy

6.3.1 Implement an information assurance architecture and establish policies and procedures to ensure accuracy, authenticity, and privacy of health and administrative information. (OPR: IMT&R-O/ATIC)

APPENDICES

APPENDIX A – THE MHS IM/IT PLANNING PROCESS DESCRIPTION

Strategic Planning

The MHS IM/IT strategic planning initiative began in 1996 with the participation of the MHS Chief Information Officer (CIO) and the Service CIOs in a series of collaborative planning sessions. During these planning sessions, the CIOs established a mission focus for the MHS IM/IT Program to support the improvement and reengineering of MHS business processes. The result of these planning sessions was the publication of the 1996 *MHSS IM/IT Strategic Plan*.

The MHS CIO and Service CIOs approved the current planning process in February 1998. The MHS IM/IT Planning Process has two interdependent components: the Strategic Planning Process and the Annual Planning Process. Figure 1 depicts the Strategic Planning Process and its relationship to the Annual Planning process.

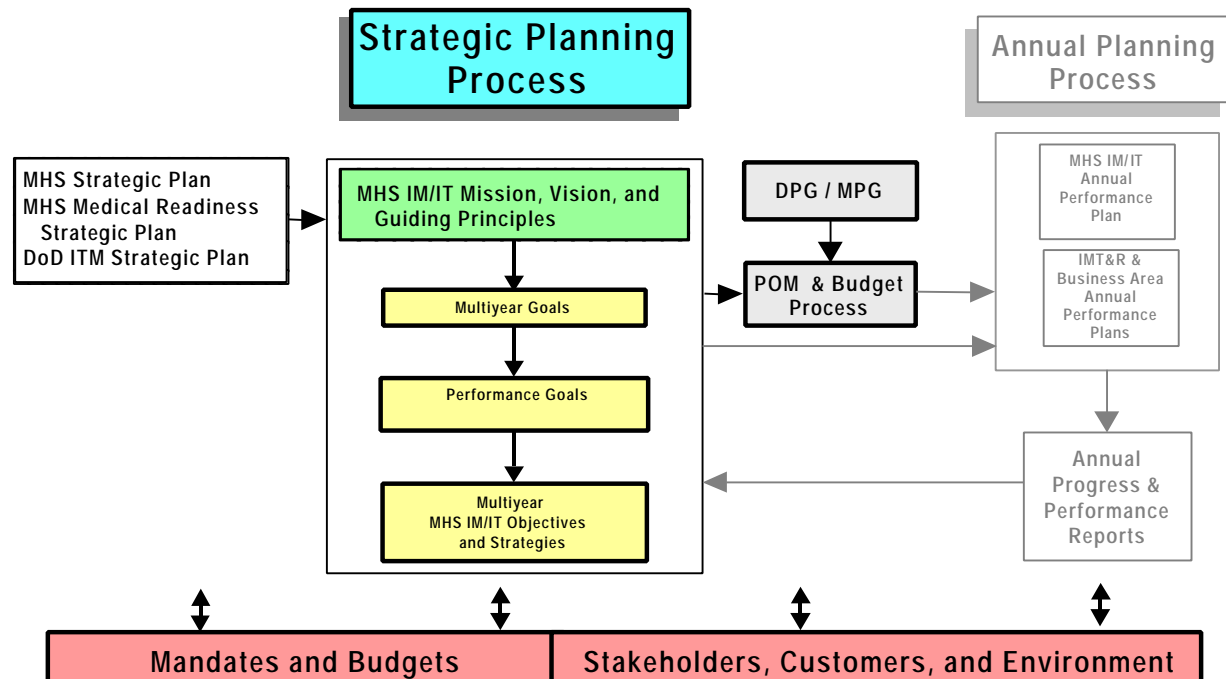


Figure 1. Strategic Planning Process

The publication of this revision of the MHS IM/IT Strategic Plan is the output of the Strategic Planning Process. The MHS CIO and Service CIOs guided the development of the plan's goals and objectives during a series of comprehensive interviews and joint planning sessions. The strategies are included to describe how the MHS IM/IT Program intends to achieve its goals and objectives. They are the result of a collaborative effort between the MHS CIO, Service CIOs, IMT&R Directors, and business area program managers. This plan reflects the key tenets of the recently updated *MHS Strategic Plan*, *Medical Readiness Strategic Plan*, *DoD Information Technology Management (ITM) Strategic Plan*, and other key leadership guidance documents.

Other factors – such as mission essential requirements, customer needs, Federal mandates, and the changing environment, were major drivers influencing the IM/IT planning process and the content of the plan.

The *MHS IM/IT Strategic Plan* covers a 5-year period (1999 to 2003). The plan is to be revised and updated every 3 years, although significant policy, programmatic, performance, external factor, or circumstantial changes may accelerate the 3-year revision/update cycle resulting in the publication of a new plan. The *MHS IM/IT Annual Performance Plan* will include any interim plan revisions.

This strategic plan supports the MHS readiness and benefit missions. Its goals and objectives align with the goals and strategies of the *MHS Strategic Plan* and are consistent with the MHS priorities: (1) reengineering medical readiness, (2) focusing on our customer, (3) deploying TRICARE, (4) transitioning to prevention, and (5) rightsizing the MHS footprint. The plan's first three goal areas – joint readiness, benchmark healthcare system, healthy communities – support the MHS mission to provide care and treatment to military personnel and beneficiaries. The remaining three goals – resources and structure, training and skills development, and technology integration – provide the infrastructure necessary to sustain readiness and quality health care.

Link to Budget and Program Objective Memorandum

This Strategic Plan will be used to justify initiatives cited in the Health Affairs Medical Programming Guidance (MPG) and Program Objective Memorandum (POM). It will support the prioritization and funding of MHS IM/IT requirements to maximize the MHS IM/IT Program's contribution to the MHS mission and to realize the highest return on its investments.

Annual Planning and Performance Measurement

The MHS IM/IT Program leadership will monitor and evaluate the successful implementation of the strategic plan and the overall enterprise performance through the MHS IM/IT Annual Planning Process. The MHS IM/IT Annual Planning Process will include annual performance plan development, baseline determination, performance monitoring and reporting, and strategic plan implementation tracking.

Each *MHS IM/IT Annual Performance Plan* will be an output of the annual planning process. The annual performance plans will be used to incrementally implement strategic plan goals, objectives, and strategies by establishing yearly milestones or targets for near-term activities. The annual performance plans will also address the specific yearly resource requirements necessary to execute the *MHS IM/IT Strategic Plan*. They will include performance measurements and targets to monitor, evaluate, and report on the MHS IM/IT Program's success in achieving desired results. The MHS business areas and Information Management, Technology and Reengineering (IMT&R) directorates will identify specific performance measures and targets as part of the MHS IM/IT Annual Planning Process. The goals, objectives, and strategies of the next revised *MHS IM/IT Strategic Plan* will be based upon our success in achieving the goals of this plan, and upon priority, environmental and fiscal changes anticipated at that time.

APPENDIX B – ABBREVIATIONS

ATIC	Advanced Technology Integration Center
CAM&O	Capital Asset Management and Oversight
CAP	Computer/Electronic Accommodations Program
CBA	Clinical Business Area
CEIS	Corporate Executive Information System
CHCS	Composite Health Care System
CIO	Chief Information Officer
COE	Common Operating Environment
CONUS	Continental United States
COTS	Commercial Off-the-Shelf
DII	Defense Information Infrastructure
DMLSS	Defense Medical Logistics Standard Support
DoD	Department of Defense
DPG	Defense Programming Guidance
FI&DA	Functional Integration & Data Administration
GCCS	Global Command and Control System
GCSS	Global Combat Support System
GOTS	Government Off-the-Shelf
HSRS	Health Standard Resources System
IM	Information Management
IMT&R	Information Management, Technology and Reengineering
IT	Information Technology
ITM	Information Technology Management
MHS	Military Health System
MPG	Medical Programming Guidance
O/ATIC	Operations/Advanced Technology Integration Center
OPR	Office of Primary Responsibility
PHCA	Preventive Health Care Application
POM	Program Objective Memorandum
P&PM	Planning and Performance Management
SHADE	Shared Data Environment
TIMPO	Tri-Service Infrastructure Management Program Office
TMI&S	Technology Management, Integration and Standards
TMIP	Theater Medical Information Program
TMA	TRICARE Management Activity



For further information, contact:

[Planning and Performance Management](#)

Information Management, Technology and Reengineering
TRICARE Management Activity
Office of the Assistant Secretary of Defense (Health Affairs)
(703) 681-9530

September 1999